Breast Milk Script for Providers

Mother Name: _____ Mother DOB: _____

Infant Name: _____ Infant DOB or expected DOB: _____

Delivery Hospital: _____

Mother Home Address: _____

Quantity Requested: _____

Bill to: MDHHS Breast Milk Initiative

MDHHS
Michigan Department of Health & Human Services

Please fax prescription to Bronson Mothers' Milk Bank at 269-341-8365.

Please call 269-341-6146 with any questions or concerns.